

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	23	2 / 6 / 18		CHODE	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	10:40am	3:30pm	CHODE, INCORPORATED	
Investigation			C	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				170602579		LOT 2 BLK 17 AGANA GU 125 9TH ST.	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY	
CATERING			8	477-1524	2	3	
					No. of Repeat Risk Factor/Intervention Violations		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT				6
Person in charge present, demonstrates knowledge, and performance duties						
<b>Employee Health</b>						
2	IN	OUT				6
Management awareness; policy present						
3	IN	OUT				6
Proper use of reporting, restriction & exclusion						
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O		6
Proper eating, tasting, drinking, betelnut, or tobacco use						
5	IN	OUT	N/A	N/O		6
No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O		6
Hands clean and properly washed						
7	IN	OUT	N/A	N/O		6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
8	IN	OUT				6
Adequate handwashing facilities supplied & accessible						
<b>Approved Source</b>						
9	IN	OUT				6
Food obtained from approved source						
10	IN	OUT	N/A	N/O		6
Food received at proper temperature						
11	IN	OUT				6
Food in good condition, safe, and unadulterated						
12	IN	OUT	N/A	N/O		6
Required records available: shellstock tags, parasite destruction						
<b>Protection from Contamination</b>						
13	IN	OUT	N/A			6
Food separated and protected						
14	IN	OUT	N/A			6
Food contact surfaces: cleaned & sanitized						
15	IN	OUT				6
Proper disposition of returned, previously served, reconditioned, and unsafe food						
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O		6
Proper cooking time and temperatures						
17	IN	OUT	N/A	N/O		6
Proper reheating procedures for hot holding						
18	IN	OUT	N/A	N/O		6
Proper cooling time and temperature						
19	IN	OUT	N/A	N/O		6
Proper hot holding temperatures						
20	IN	OUT	N/A			6
Proper cold holding temperatures						
21	IN	OUT	N/A	N/O		6
Proper date marking and disposition						
<b>Consumer Advisory</b>						
22	IN	OUT	N/A			6
Consumer Advisory provided for raw or undercooked foods						
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A			6
Pasteurized Foods used; prohibited foods not offered						
<b>Chemical</b>						
24	IN	OUT	N/A			6
Food additives: approved and properly used						
25	IN	OUT				6
Toxic substances properly identified, stored, used						
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A			6
Compliance with variance, specialized process, and HACCP plan						

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

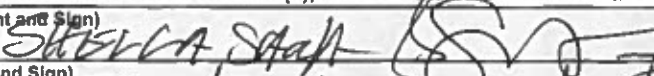
**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27						1
Pasteurized eggs used where required						
28						2
Water and Ice from approved source						
29						1
Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>						
30						1
Proper cooling methods used: adequate equipment for temperature control						
31						1
Plant food properly cooked for hot holding						
32						1
Approved thawing methods used						
33	X					1
Thermometer provided and accurate						
<b>Food Identification</b>						
34						1
Food properly labeled: original container						
<b>Prevention of Food Contamination</b>						
35	X					2
Insects, rodents, and animals not present						
36						1
Contamination prevented during food preparation, storage & display						
37						1
Personal cleanliness						
38	X					1
Wiping cloths: properly used and stored						
39						1
Washing fruits and vegetables						
<b>Proper Use of Utensils</b>						
40						1
In-use utensils: properly stored						
41	X					1
Utensils, equipment and linens: properly stored, dried, handled						
42						1
Single-use/single-service articles: properly stored, used						
43						1
Gloves used properly						
<b>Utensils, Equipment and Vending</b>						
44						1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used						
45	X					1
Warewashing facilities: installed, maintained, used; test strips						
46	X					1
Nonfood-contact surfaces clean						
<b>Physical Facilities</b>						
47						2
Hot & cold water available, adequate pressure						
48	X					2
Plumbing installed; proper backflow devices						
49	X					2
Sewage and wastewater properly disposed						
50						2
Toilet facilities: properly constructed, supplied, & cleaned						
51						2
Garbage/refuse properly disposed; facilities maintained						
52	X					1
Physical facilities installed, maintained, and clean						
53						1
Adequate ventilation and lighting; designated areas use						

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)		Date:	
 J. GARCIA RPHOT		Follow-up (Circle one): <u>YES</u> NO	
DEH Inspector (Print and Sign) J. GARCIA RPHOT		Follow-up Date 2/16/18	

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Division of Environmental Health

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ESTABLISHMENT NAME <b>CHODE</b>		LOCATION (Address) <b>LOT 2 BLK 17 ALMA RD 125 9TH ST.</b>
INSPECTION DATE <b>2 / 6 / 18</b>	SANITARY PERMIT NO. <b>170002579</b>	PERMIT HOLDER <b>CHODE, INCORPORATED</b>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
<b>HAM / CHILL UNIT</b>	<b>46.5</b>		
<b>BALON / " "</b>	<b>49.0</b>		
<b>CHIX RELADEN / " "</b>	<b>49.5</b>		
<b>SANDWICH MEAT / " "</b>	<b>68.0</b>		
<b>AMBIENT / " "</b>	<b>50.5</b>		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	<b>A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 6/9/16 (DHA)? (1/A)</b>	
	<b>THE FOLLOWING WAS OBSERVED:</b>	
<b>#6</b>	<b>EMPLOYEES NOT WASHING HANDS IN BETWEEN CHANGING TASKS. EMPLOYEES SHALL WASH HANDS WHEN CHANGING TASKS TO PREVENT CROSS-CONTAMINATION.</b>	<b>2/16/18</b>
<b>#14</b>	<b>FOOD SURFACES &amp; EQUIPMENT NOT PROPERLY WASHED RINSED &amp; SANITIZED IN 3-COMPARTMENT SINK. OBSERVED EQUIPMENT/SURFACES WASHED &amp; RINSED IN SINGLE-COMPARTMENT SINK. ALL FOOD SURFACES/EQUIPMENT SHALL BE PROPERLY WASHED, RINSED, &amp; SANITIZED TO PREVENT CROSS-CONTAMINATION.</b>	<b>2/16/18</b>
<b>#20</b>	<b>MULTIPLE PREP/TCS FOODS COLD HELD ABOVE 41°F (HAM, BALON, CHIX COS RELADEN, &amp; SANDWICH MEAT). ALL PREP/TCS FOODS SHALL BE COLD HELD AT 41°F OR BELOW TO PREVENT BACTERIAL GROWTH. *CUS - FOOD DISCARDED</b>	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <b>J. Garcia</b>	Date: <b>2/6/18</b>
DEH Inspector (Print and Sign) <b>J. Garcia</b>	Date: <b>2/6/18</b>

C. TALASE EPH01

White: DPHSS/DEH Yellow: Food Establishment

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ESTABLISHMENT NAME <b>CHODIE</b>		LOCATION (Address) <b>LOT 2 BLK 17 ALANA CU 125 9TH ST.</b>
INSPECTION DATE <b>2, 6, 18</b>	SANITARY PERMIT NO. <b>170002579</b>	PERMIT HOLDER <b>CHODIE, INCORPORATED</b>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#21	MULTIPLE FOOD ITEMS NOT PROPERLY LABELLED (HAM, PICKLED ITEMS) ALL FOOD ITEMS SHALL BE PROPERLY LABELLED TO ENSURE PROPER IDENTIFICATION. #COS - PIC LABELED FOODS	COS
#33	NO ACCURATE THERMOMETER PROVIDED FOR KITCHEN CHILL UNIT. AN ACCURATE THERMOMETER SHALL BE PROVIDED TO ENSURE PERITICS FOODS ARE HELD AT THE PROPER TEMPERATURE	3/6/14
#35	PRESENCE OF A SINGLE ROACH OBSERVED IN KITCHEN AREA. NO SELF CLOSING DEVICE, LAPS EXIT DOOR. INSECTS, RODENTS & ANIMALS SHALL BE PREVENTED FROM ENTERING ESTABLISHMENT TO PREVENT CONTAMINATION.	2/21/18
#38	WIPING CLOTHS NOT PROPERLY STORED. WIPING CLOTHS SHALL BE PROPERLY STORED IN SANITIZING SOLUTION TO PREVENT BACTERIAL GROWTH. #COS - WIPING CLOTHS WERE PROPERLY STORED.	COS
#41	CLEAN UTENSILS STORED IN A CONTAINER WITH FOOD PARTICLES. CLEAN UTENSILS SHALL BE PROPERLY STORED TO PREVENT CONTAMINATION.	3/6/14
#45	WAREWASHING SINK NOT PROPERLY MAINTAINED. WAREWASHING FACILITIES SHALL BE PROPERLY MAINTAINED TO ENSURE PROPER WASHING, RINSING, & SANITIZING.	3/6/14

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) <b>Sheila Sa Aguir</b>	Date:
DEH Inspector (Print and Sign) <b>J. GARCIA BANO</b>	Date: <b>2/6/18</b>

C. TAPASIS

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ESTABLISHMENT NAME CNOOE		LOCATION (Address) LOT 2 BLK 17 ALANA GU 125 9 <sup>th</sup> ST.
INSPECTION DATE 2, 6, 18	SANITARY PERMIT NO. 170002579	PERMIT HOLDER CNOOE, INCORPORATED

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#46	BUILDUP OF GREASE & FOOD PARTICLES ON WALLS & FLOORS THROUGHOUT KITCHEN AREA WALLS, FLOORS, & ALL NON-FOOD CONTACT SURFACES SHALL BE PROPERLY CLEANED & MAINTAINED TO PREVENT CONTAMINATION.	3/6/14
#48	3-COMPARTMENT SINK LEAKING. ALL PLUMBING SHALL BE PROPERLY INSTALLED & MAINTAINED TO ENSURE PROPER WASTEWATER DISPOSAL.	4/21/14
#49	NO AIR GAP OR BACKWATER VALVE PROVIDED FOR MULTIPLE SINKS AN AIR GAP OR BACKWATER VALVE SHALL BE PROVIDED TO PREVENT BACKWATER FLOW OF WASTEWATER.	2/21/14
#52	KITCHEN FACILITIES GENERALLY UNCLEAN THROUGHOUT. MULTIPLE UNNECESSARY ARTICLES STORED IN REAR OF ESTABLISHMENT PHYSICAL FACILITIES SHALL BE PROPERLY CLEANED & MAINTAINED TO PREVENT CONTAMINATION & POSSIBLE VECTOR HARBORABLE PHOTOS WERE TAKEN A PLACARD No. 01100 ISSUED C PLACARD No. 00679 ISSUED LETTER OF WARNING & RE-INSPECTION REQUEST ISSUED NOTE: EQUIPMENT/UTENSILS BEING WASHED & STORED IN AN AREA NOT APPROVED FOR ESTABLISHMENTS SANITARY PERMIT. ALL EQUIPMENT/UTENSILS SHALL BE WASHED IN THE ESTABLISHMENT AREAS APPROVED BY DPHSS. NO FOOD OPERATIONS SHALL BE CONDUCTED IN AREAS NOT APPROVED BY DPHSS. BRIEFED PIC ON ABOVE.	3/6/14

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sheila Sa Agost	Date:
DEH Inspector (Print and Sign) J. CRUZ BRAU / J. GARCIA EPN01 / D. MITCHELL EPN01	Date: 2/6/14